

Catherine Lee Adams

Town

McDaniel

County

Talbot

MARYLAND

Died at

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

4. 13

Age

1. 8

McDaniel

Male

~~White~~

Married

~~Widow~~

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

C. Frank Adams

Mother's

Maiden Name

Carrie H. Brown

Cause of

Primary

How long sick

3 days

Death

Immediate

Stomach trouble

Accident, Suicide, Homicide

Reported by

Joseph Trott

Undertaker

Address

McDaniel

Maryland

Must be signed by physician, if any in attendance, otherwise by undertaker or minister.



Name  
in  
Full

Annie Belle Archer

## CERTIFICATE OF DEATH

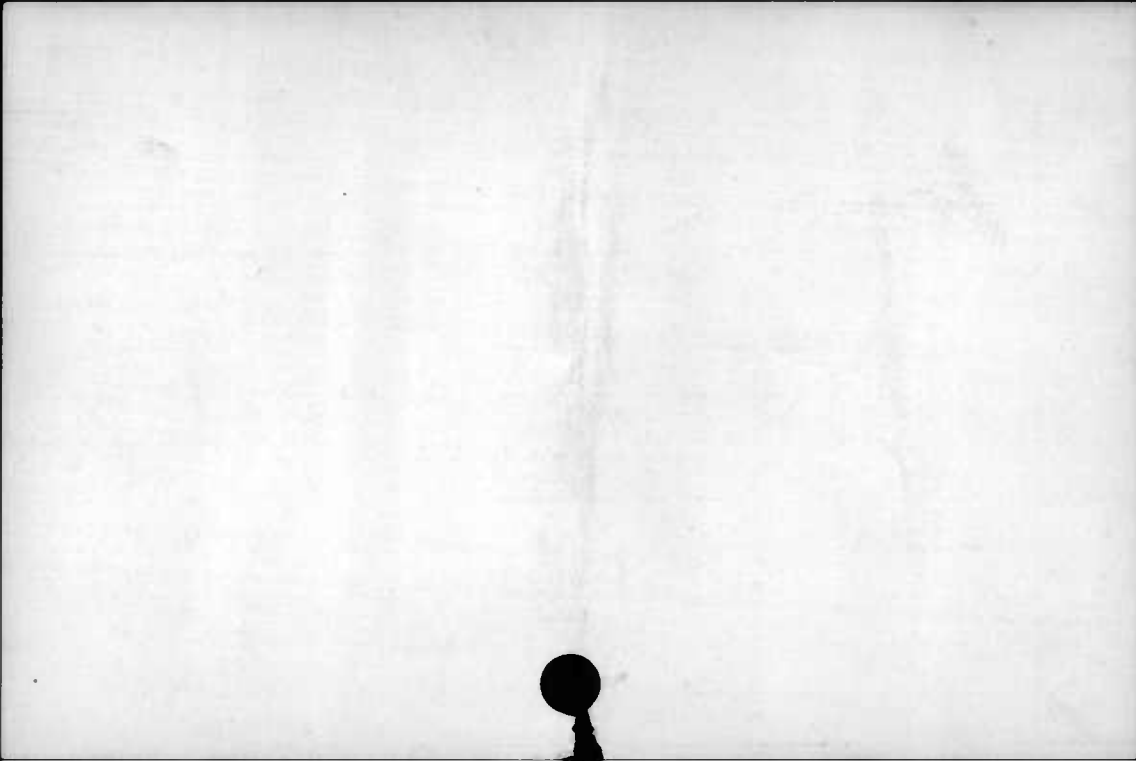
TO BE ANSWERED BY  
NEAREST FRIEND

Died near <i>Grapple</i>		County <i>Talbot</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>4</i>	Day <i>19</i>	Years <i>27</i>	Months <i>20</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Talbot Co Md</i>		
Married, Single or Widowed <i>Married.</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>Isiah Archer</i>					
Father's Name <i>Joseph S Robinson</i>			Father's Birthplace <i>Harrisburg Pa.</i>		
Mother's Maiden Name <i>Nester Sorden</i>			Mother's Birthplace <i>Talbot Co Md</i>		
Name of person giving information <i>Mary E. Bull</i>			How related to deceased <i>Sister.</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long <i>1 year</i>
Immediate	<i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Joseph A Ross M D</i>
<i>Yes</i>		Address <i>Grapple Talbot Co Md</i>
Accident or Suicide? <i>—</i>		



Name  
in  
Full

Mary Blake

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Easton* TownCounty *Talbot*Date of death *1905 Aug 9*Day *Sunday* Age *35* Years

Months

Days

Sex *Female*

Color or Race

*Black*

Birth-place

*Talbot County*

Occupation

*book*

Where Residing if not at place of death

*Easton*

Married, Single or Widowed

*Married*

Name of Wife or Husband

*Garron Blake*

Father's Name

*Do not know*

Father's Birthplace

*✓*

Mother's Maiden Name

*Felle Telford*

Mother's Birthplace

*do not know*

Name of person giving information

*Garron Blake*

How related to deceased

*husband*

## CAUSES OF DEATH

Primary

*Consumption*

How long

*2 years*

Immediate

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

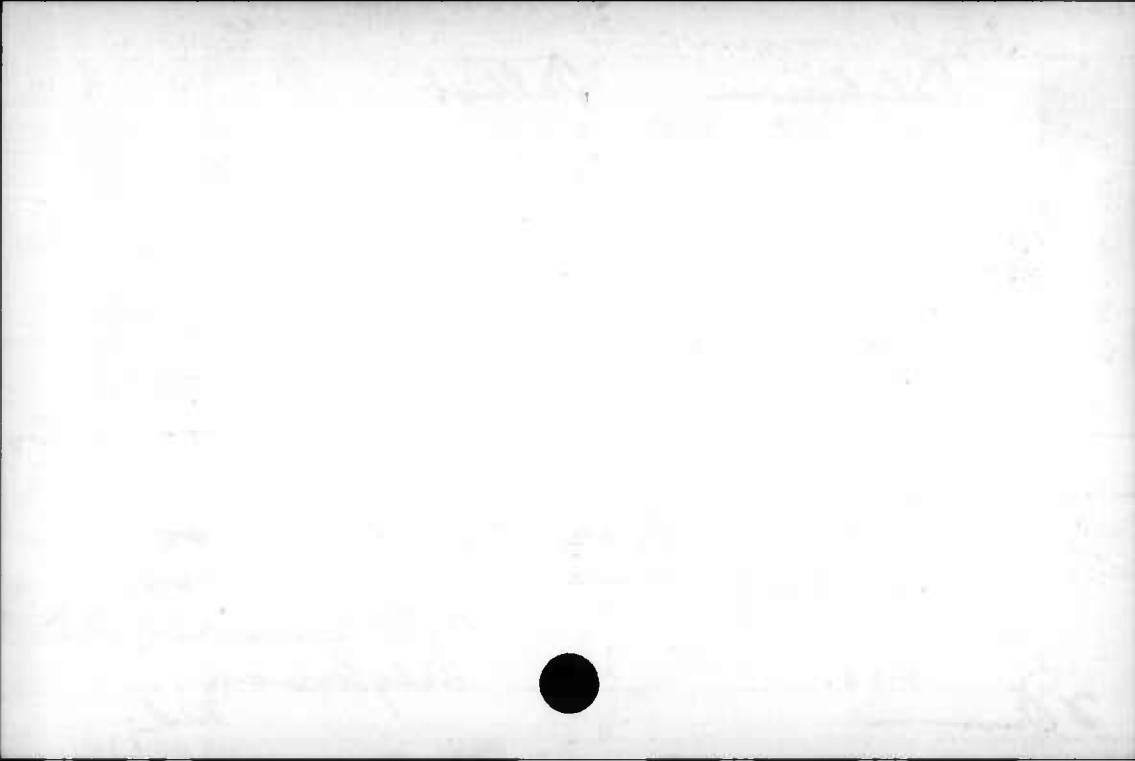
*Do not know*


Address

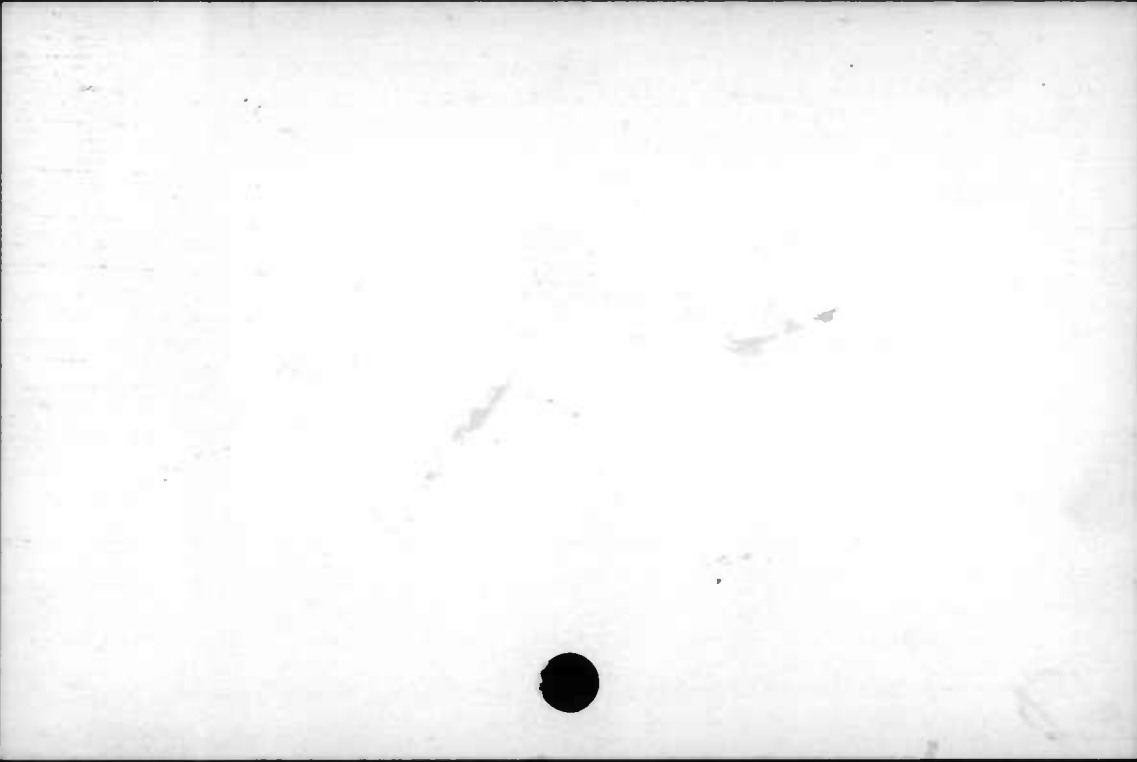
*John Frank*

Accident or Suicide?

*no**Suburban Easton*



Name in Full		Ira E. Bromwell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Pilghman</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
		Date of death <u>1905</u> <small>Month</small> <u>4<sup>th</sup></u> <small>Day</small> <u>8<sup>th</sup></u> <small>Years</small> <u>24</u>		<u>1</u> <small>Months</small> <u>7</u> <small>Days</small>			
		Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Pilghman</u>	
		Occupation <u>Clerk</u>		Where Residing if not at place of death <u>—</u>			
		<del>Married</del> <u>Single</u>		<del>Name of Wife or Husband</del> <u>—</u>			
PHYSICIAN OR CORONER		Father's Name <u>Robt. Bromwell</u>				Father's Birthplace <u>—</u>	
		Mother's Maiden Name <u>Caroline Cummings</u>				Mother's Birthplace <u>—</u>	
		Name of person giving Information <u>—</u>				How related to deceased <u>—</u>	
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Consumption</u>		<u>17</u> <small>How long</small> <u>3 mos.</u>			
		Immediate <u>Kidney Complications</u>		<u>3 mos.</u> <small>How long</small>			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W. H. Chaires, M.D.</u>			
		<u>Yes.</u>		Address <u>Pilghman, Md.</u>			
 Accident or Suicide? <u>—</u>							





Name  
in  
Full

*Sarah Chase.*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died near <i>Barber</i>		Town <i>Barber</i>		County <i>Salbot Co</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>4</i>	Day <i>19</i>	Age <i>23-</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Negro.</i>		Birth-place <i>Not known</i>				
Married, <del>Single</del> <del>or Widowed</del>	Name <i>Married</i>		Occupation <i>Housewife.</i>				
Name of Wife or Husband		<i>Marion Chase</i>					
Father's Name		<i>Charles Steller</i>				Father's Birthplace <i>Not known</i>	
Mother's Maiden Name		<i>Mary</i>				Mother's Birthplace <i>"</i>	
Name of person giving Information		<i>Marion Chase</i>				How related to deceased <i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long <i>9 months</i>
Immediate	<i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
<i>Yes</i>		<i>Joseph A. Ross, M.D.</i>
Address		<i>Trappe, Md</i>
Accident or Suicide?		



Name  
in  
Full

Catherine Andrew Chishum

## CERTIFICATE OF DEATH

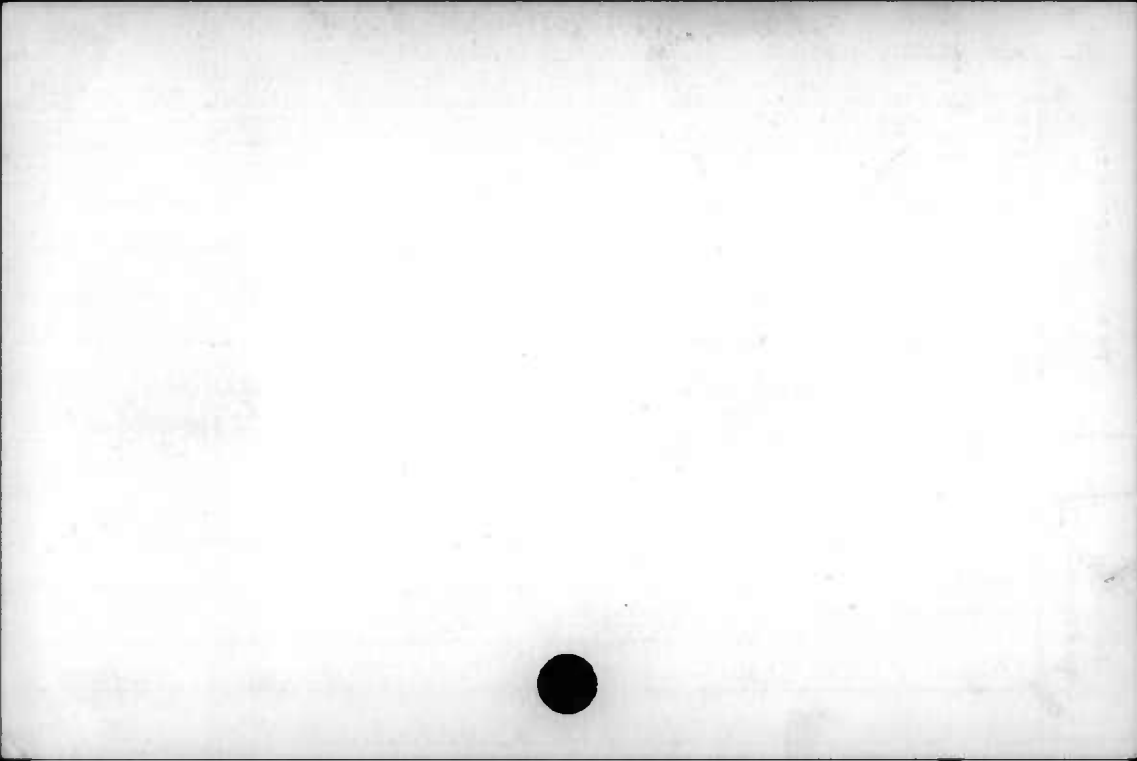
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Longwood</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>April</i>	Day <i>11</i>	Years <i>87</i>	Months <i>7</i>	Days
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Caroline County</i>	
Occupation <i>seamstress</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>Robert Chishum</i>			
Father's Name <i>Newton Andrew</i>			Father's Birthplace <i>Caroline Co.</i>		
Mother's Maiden Name <i>Nancy Hughes</i>			Mother's Birthplace <i>Talbot County</i>		
Name of person giving Information <i>Netta L. Rovers</i>			How related to deceased <i>niece</i>		

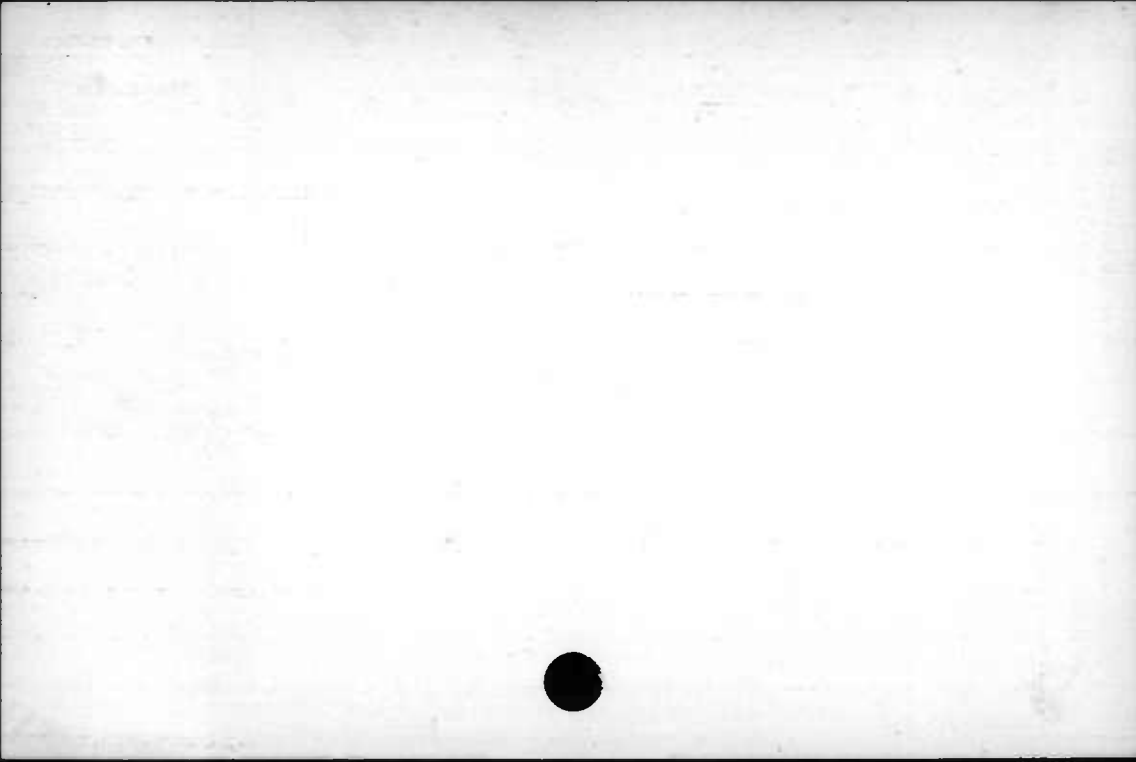
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

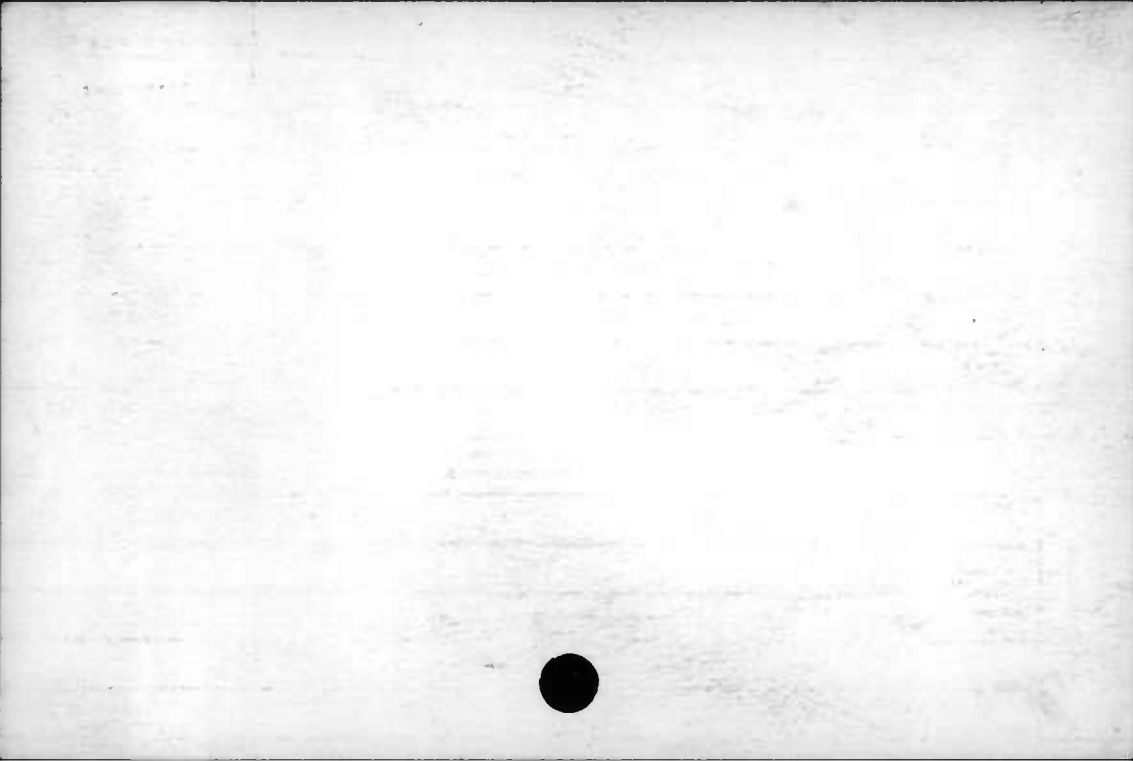
Primary <i>Cancer</i>	How long <i>10 years</i>
Immediate <i>Old age</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. A. Chapin</i>
	Address <i>undated</i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Easton</u>		Town <u>Talbot</u>		County <u>Talbot</u>
	Date of death <u>1905</u>		Month <u>April</u>	Day <u>10</u>	Age <u>21</u>
	Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Philadelphia</u>
	Occupation <u>None</u>		Where Residing if not at place of death <u>Philadelphia</u>		
	Married, Single or Widowed <u>Single</u>		Name of Wife or Husband		
	Father's Name <u>Edward Thomas</u>		Father's Birthplace <u>Easton</u>		
	Mother's Maiden Name <u>Mary Dorham</u>		Mother's Birthplace <u>Easton</u>		
	Name of person giving information <u>Mother</u>		How related to deceased <u>Mother</u>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>Indigestion</u>		How long <u>2 Mo</u>		
	Immediate		How long <u>1 mo</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>No Dr</u>		
			Address <u>John B Fairbank</u>		
	Accident or Suicide?		<u>Sub Registrar</u>		



Name in Full		Francis Louisa Gibson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Near Easton		Talbot		County
	Date of death		1905	Month	April	Day	16
	Sex		Female		Age		1
	Color or Race		Colored		Months		2
	Birth-place		Easton, Md		Days		
	Occupation		none		Where Residing if not at place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband		
PHYSICIAN OR CORONER	Father's Name		Dwight - Kim		Father's Birthplace		Dwight - Kim
	Mother's Maiden Name		Ida Gibson		Mother's Birthplace		Easton, Md
	Name of person giving information		Harriet Baker		How related to deceased		Adopted Daughter
	CAUSES OF DEATH						
Primary		Bronchitis - Acute		How long		6 days	
Immediate		Heart - failure		How long		1/2 hr	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		No physician	
Address		R. H. Patchell		Easton, Md			
Accident or Suicide?							





Name  
in  
Full

Charlotte Green

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Trappe</u> <sup>Town</sup>		<u>Talbot</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1905</u> <sup>Year</sup> <u>April</u> <sup>Month</sup>	<u>4</u> <sup>Day</sup>	Age <u>90</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>female</u>	Color or Race <u>African</u>		Birth-place <u>Talbot Co.</u>		
Occupation <u>—</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

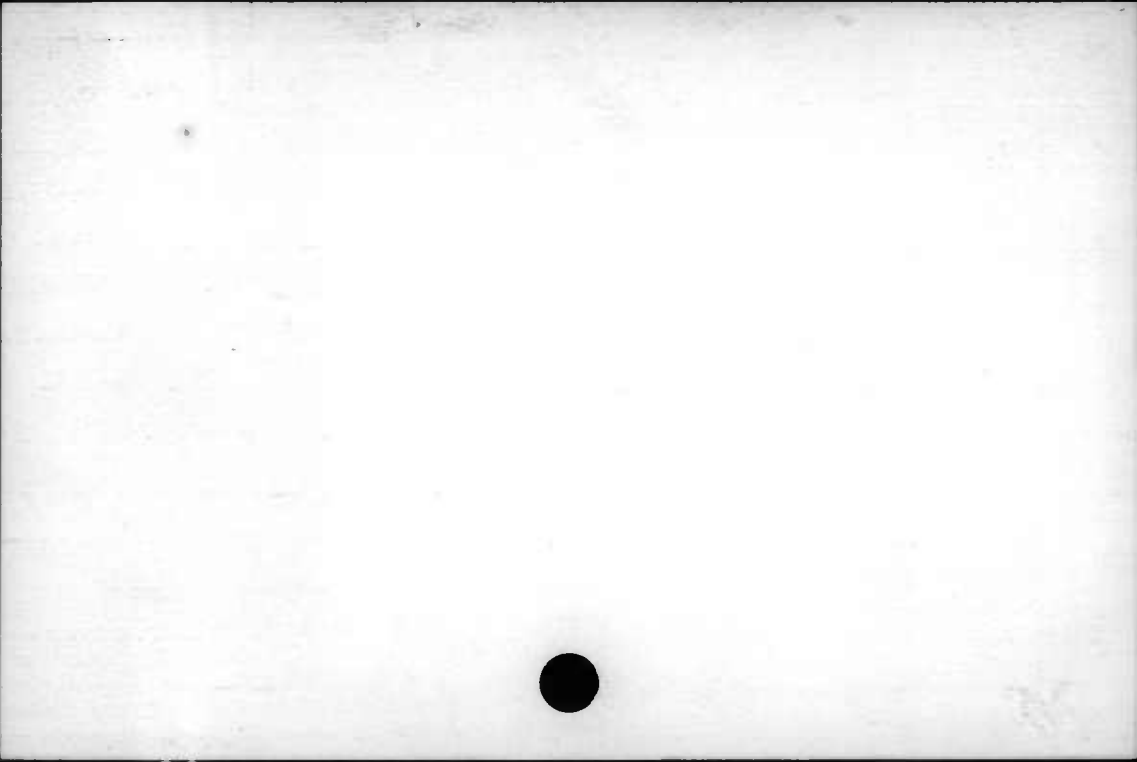
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Grippe</u>	How long <u>2 weeks</u>
Immediate <u>Acute Bronchitis Exhaustion</u>	How long <u>10 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm S. Seymour</u>
	Address <u>Trappe</u>
Accident or Suicide?	



Name in Full		Margaret Harris				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Chapel District		Talbot County		MARYLAND	
	Date of death	1905	Month Apr	Day 25	Age 85	Months	Days
	Sex	Female		Color or Race	Colored		
	Occupation	Nothing		Where Residing if not at place of death	Chapel		
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name					Father's Birthplace	
	Mother's Maiden Name					Mother's Birthplace	
	Name of person giving information					How related to deceased	
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	General paresis				How long	Two years
	Immediate	Exhaustion				How long	.. ..
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	as far as I know				Address		
	Accident or Suicide?				Easton Md.		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Julia Hazelton*  
*Easton* <sup>Town</sup>*Talbot* <sup>County</sup>Date of death *1905* <sup>Month</sup> *Apr.*Day *15*Age *5-7* <sup>Years</sup>Months *?*Days *?*Sex *Female*Color or Race *Negro*Birth-place *Talbot Co., Md.*Occupation *Wash woman*Where Residing if not  
at place of death *—*Married, Single  
or Widowed *married*Name of Wife  
Husband *Geo. Alexander Hazelton*Father's  
Name *?*Father's  
Birthplace *?*Mother's  
Maiden Name *not known*Mother's  
Birthplace *not known*Name of person giving  
In formation *Geo. Alex Hazelton*How related  
to deceased *Husband*

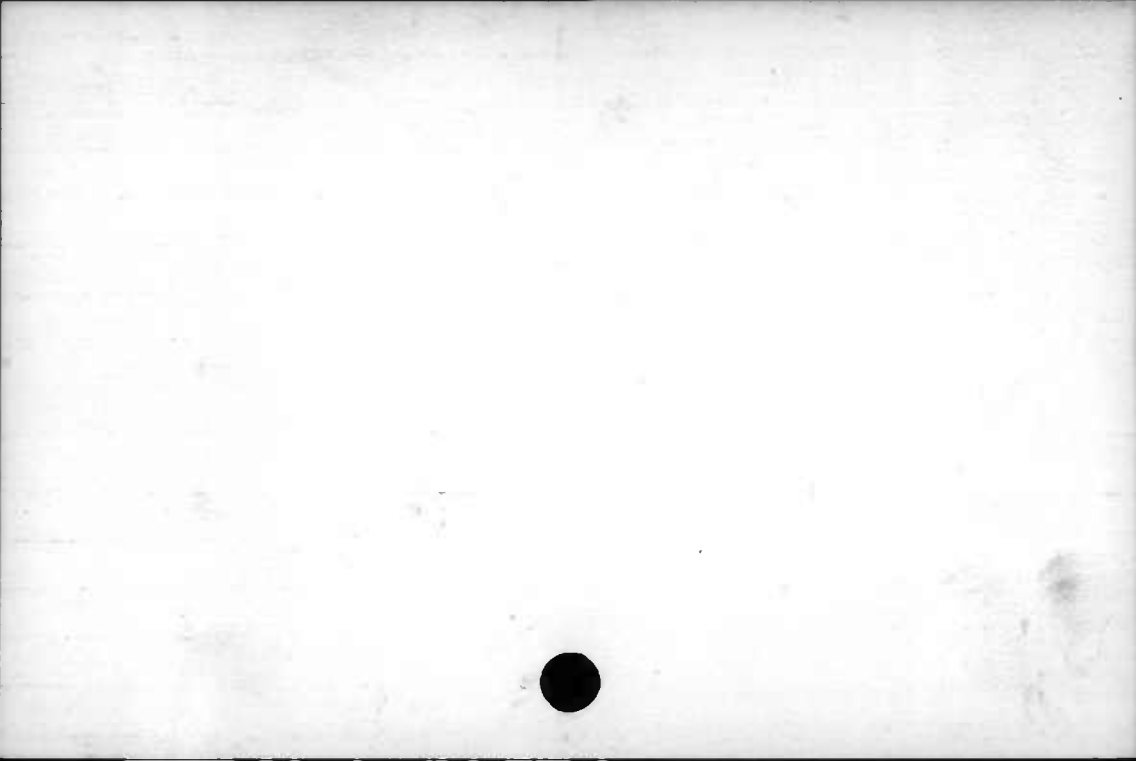
## CAUSES OF DEATH

Primary *Grip - Chorea -*How long *1 month*Immediate *Exhaustion*How long *few days*Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of  
Physician

Address

*Chas. J. Maridan*  
*Easton, Md.*

Accident or Suicide?



Name  
in  
Full

Mary Alice Holmes

## CERTIFICATE OF DEATH

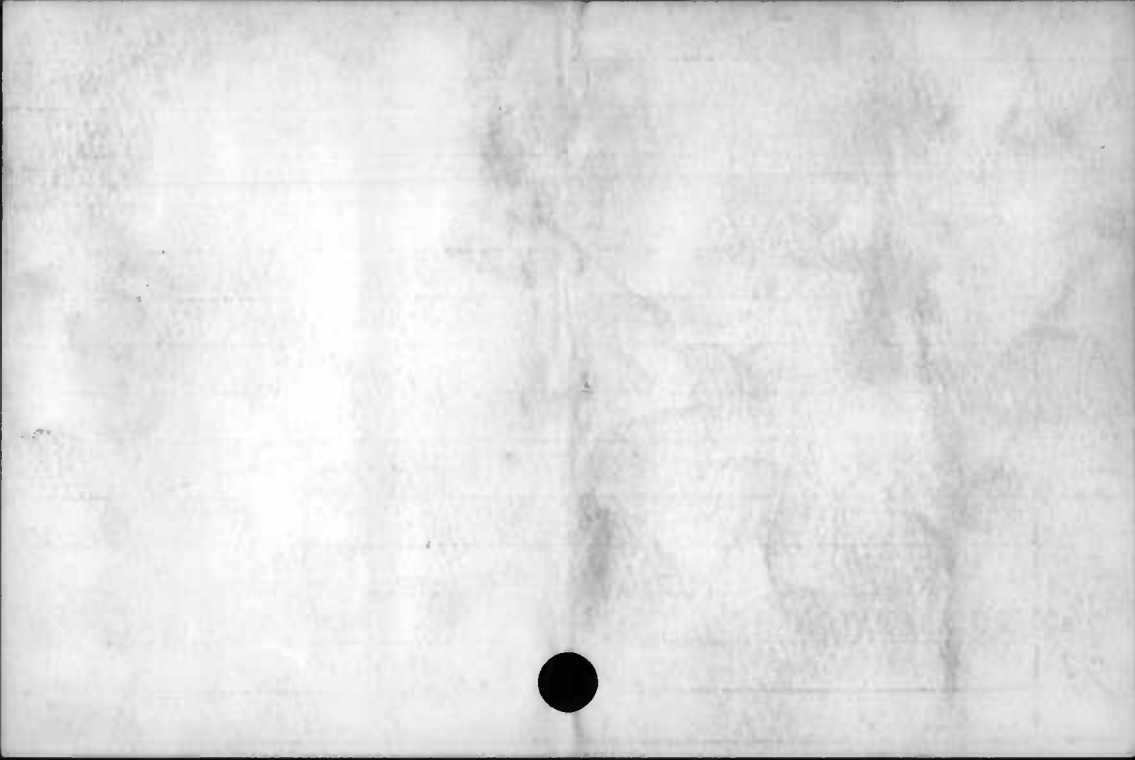
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bruceville.</i>		County <i>Talbot</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>4</i>	Day <i>18.</i>	Age <i>13</i>	Months <i>\</i>	Days <i>\</i>
Sex <i>Female</i>	Color or Race <i>negro</i>		Birth-place <i>Talbot Co. Md.</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>School-girl</i>			
Name of wife or <del>husband</del>					
Father's Name <i>John Hesley Holmes.</i>			Father's Birthplace <i>Caroline Co. Md.</i>		
Mother's Maiden Name <i>Martha</i>			Mother's Birthplace <i>Caroline Co. Md.</i>		
Name of person giving information <i>Benjamin Brummel</i>			How related to deceased <i>Brother-in-law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 weeks.</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Joseph A. Ross M.D.</i>
	Address <i>Trappe, Talbot Co., Md.</i>
Accident or Suicide?	





Name  
in  
Full

Andrew E. Jackson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Mon-Suen Anne*

County

*Salbat*Date  
of death *1905*

Month

*4*

Day

*23*

Years

*57*

Age

Months

*4*

Days

*29*

Sex

*Male*Color or  
Race*White*Birth-  
place*Salbat Co. Md*

Occupation

*Farmer*Where Residing if not  
at place of death*\_\_\_\_\_*Married, Single  
or Widowed*Married*Name of Wife or  
Husband*Lucinda Jackson And.*Father's  
Name*Chenezer Jackson*Father's  
Birthplace*Wicomico*Mother's  
Maiden Name*Hester Deen*Mother's  
Birthplace*Dorchester Co. Ind.*Name of person giving  
In formation*Wm. C. Stevens*How related  
to deceased*Son in law*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Suicide - Lead of shot entered chest at 9th rib*

How long

*Left ribs*

Immediate

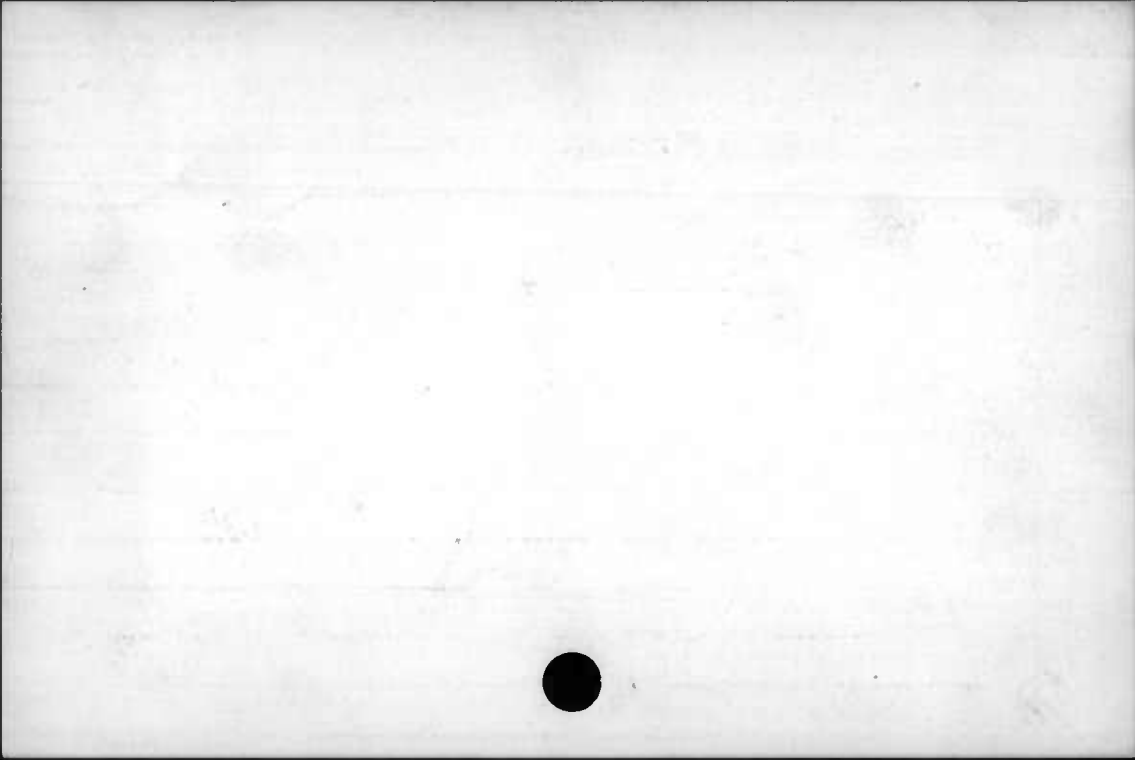
*Passed upward towards arch of aorta*

How long

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Robt. Hackett, M.D.*

Address

*Queen Anne**Death took place**Accident or Suicide? at on ce*



Name in Full

Certificate of Death

Died at *Henry B Jones*  
 Town *Newtle* County *Lulloh* MARYLAND

Date 19*05* *April* *21* Month *April* Day *21* Age *65* Y. *65* M. *65* D. *65* Native of *Maryland* Occupation *Waterman*

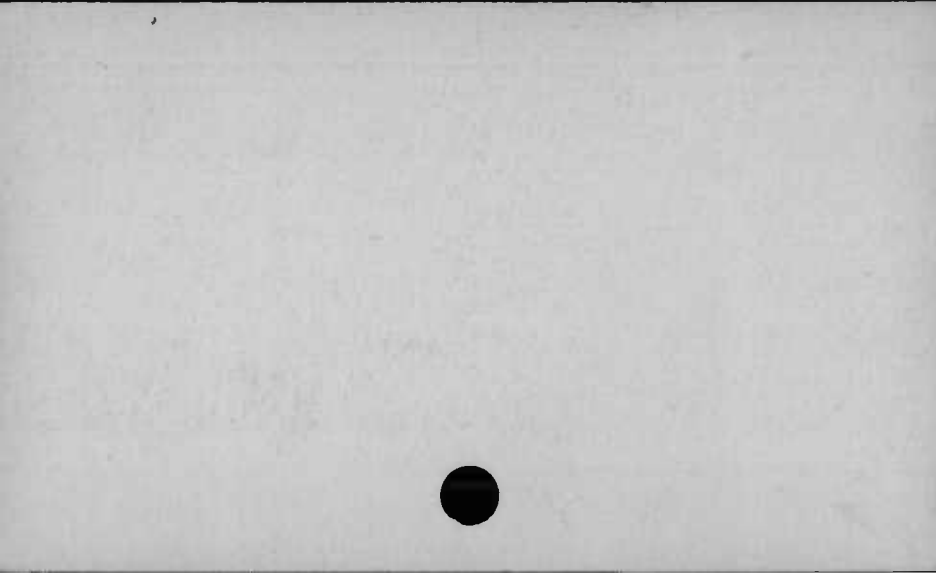
Male *White* Married *Widow* Divorced *Widower* Number of children living *0*  
 Female *Colored* Single

Husband of *No information on these points*  
 Wife *No information on these points*  
 Father's Name *No information on these points* Mother's Name *No information on these points* Maiden Name *No information on these points*

Cause of Death { Primary *Exposure - Cold* Immediate *Apoplexy* } How long sick *4* weeks Accident, Suicide, Homicide

Reported by *J C H Davis*  
 Address *St Michaels* *MD*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Julieth Ann Jones

## CERTIFICATE OF DEATH

MARYLAND

Died at Creston TownTalbot CountyDate of death 1905 Apr Month Day 20 Age 72 Years Months 7 Days 20Sex Female Color or Race White Birth-place Talbot Co., MdOccupation house Where Residing if not at place of deathMarried, Single or Widowed Widow Name of Wife or Husband Alexander JonesFather's Name James B. Collier Father's Birthplace EnglandMother's Maiden Name Harriet Skinner Mother's Birthplace MdName of person giving information Miss Ellen Jones How related to deceased daughter

## CAUSES OF DEATH

Primary Cancer of Throat How long 3 mos  
Heart Failure How long 48 hours

Are the name, age, sex, color, date and place correctly given above?

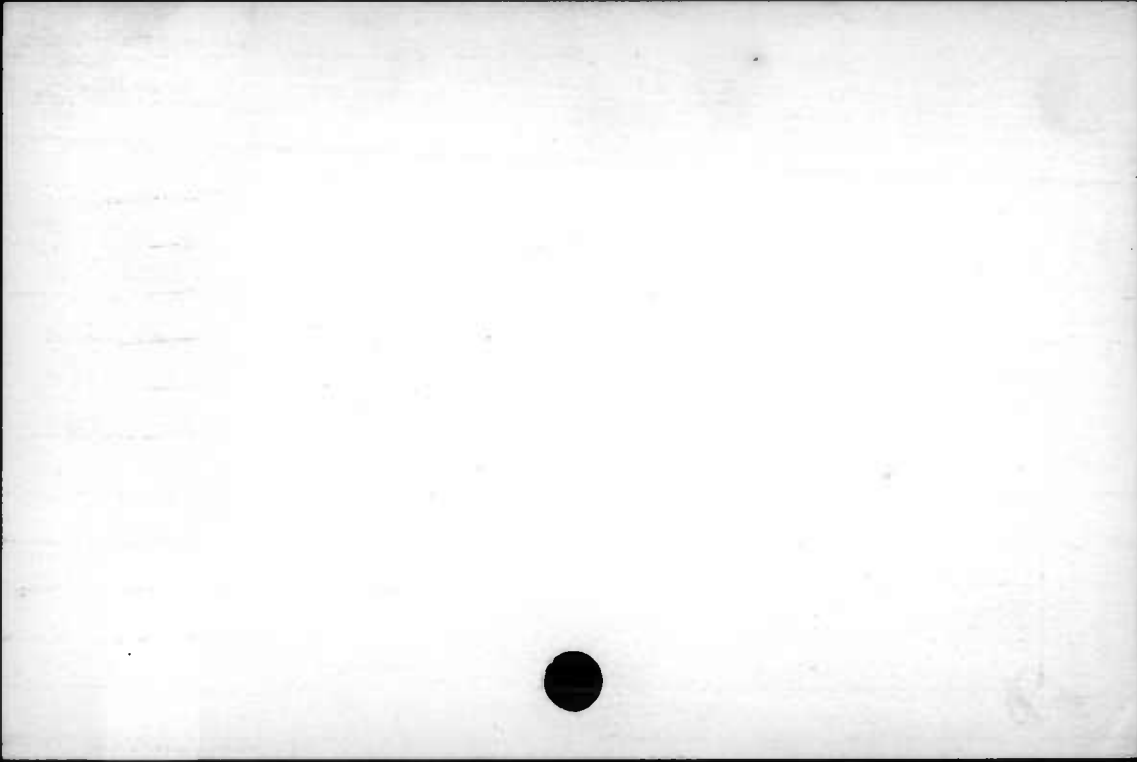
Signature of Physician

Address

Creston Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Blanche L. Lloyd

CERTIFICATE OF DEATH

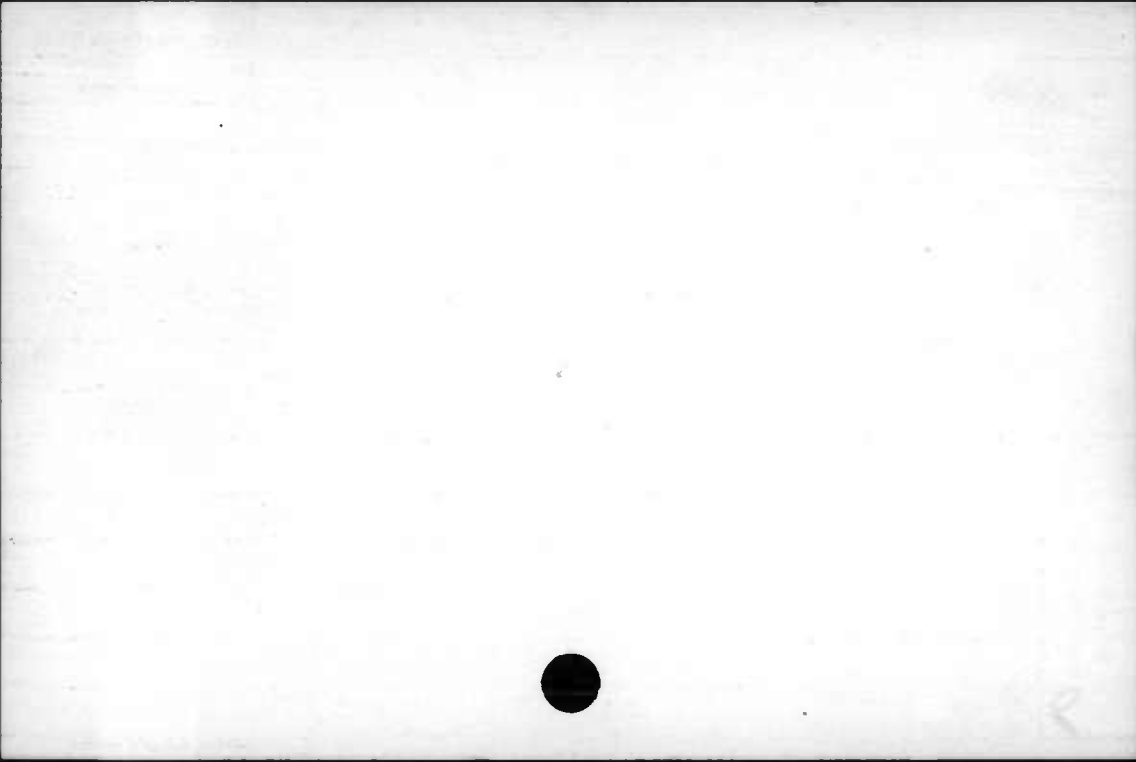
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Trappe</i> <small>Town</small>		<i>Jalbot</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i> <small>Year</small>	<i>April</i> <small>Month</small>	<i>27</i> <small>Day</small>	<i>37</i> <small>Years</small>	<i>1</i> <small>Months</small> <i>23</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>American</i>	Birth-place <i>Baltimore</i>		Where Residing if not at place of death	
Occupation					
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Philemon Lloyd</i>	Father's Birthplace <i>Jalbot 60 md</i>				
Mother's Maiden Name <i>V. J. Hardesty</i>	Mother's Birthplace <i>Baltimore</i>				
Name of person giving information <i>Edw. H. Lloyd</i>	How related to deceased <i>Bro.</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>1 year</i>
Immediate <i>Anemia</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. S. Seymour</i>
	Address <i>Trappe md</i>
Accident or Suicide? <i>No</i>	





Name  
in  
Full

Samuel Munn

## CERTIFICATE OF DEATH

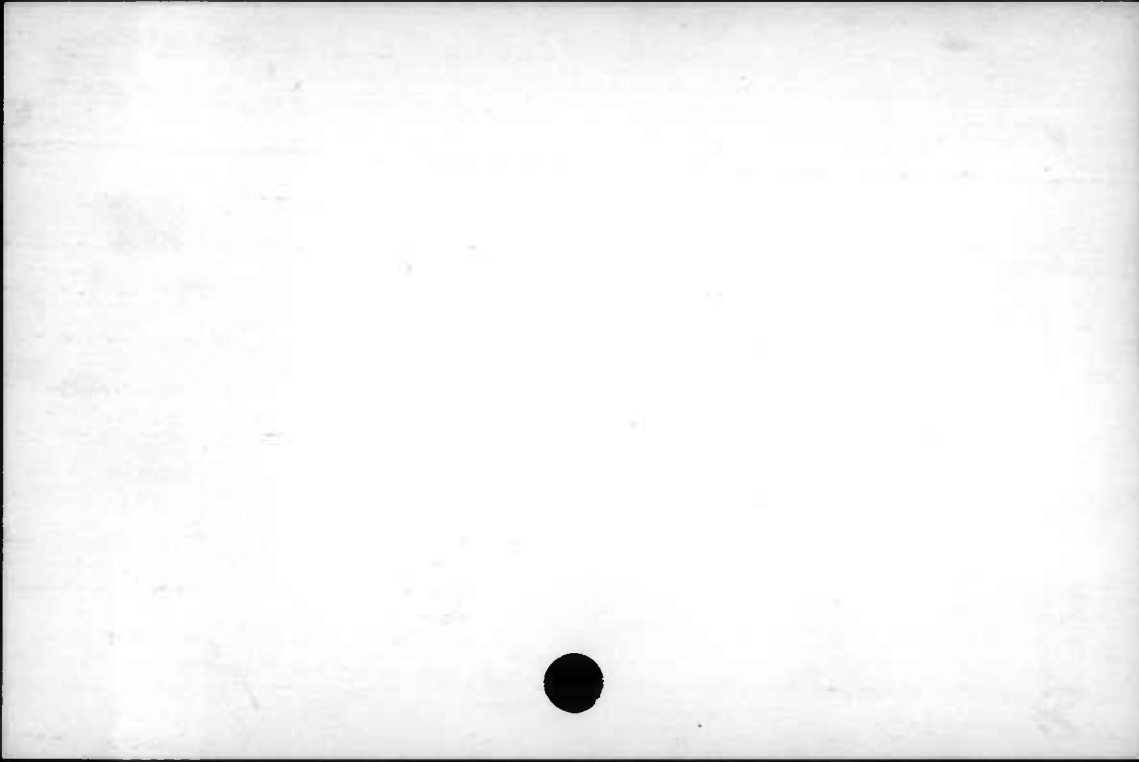
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Albion</i> <sup>Town</sup>		<i>Tabor</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i>	Month <i>April</i>	Day <i>24th</i>	Years <i>82</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Columbia</i>		Birth-place <i>Tabor Co. Md</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Healer Munn</i>				
Father's Name <i>Mrs. Munn</i>	Father's Birthplace <i>Queen Anne's Co. Md</i>				
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Mrs. Munn</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bright's Disease &amp; Heart Trouble</i>	How long <i>Several years</i>
Immediate <i>Effluvia &amp; Exhaustion</i>	How long <i>Ten weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Julius A. Johnson</i>
	Address <i>East</i>
	<i>Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Sarah Elizabeth Robson

## CERTIFICATE OF DEATH

Town

Died at Easton

County

Talbot

MARYLAND

Date

of death 1905 April

Month

Day

16

Years

Age

72

Months

11

Days

28

Sex

Female

Color or  
Race

White

Birth-  
place

Onancock Va

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Joseph S. Robson

Father's  
Name

Rev. James A. Massey

Father's  
Birthplace

Massey, Kent Co Md

Mother's  
Maiden Name

Ann P. Parker

Mother's  
BirthplaceNear Salisbury  
Wicomico Co MdName of person giving  
Information

Joseph S. Robson

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Phthisis

How long

20 years

Immediate

Nephritis

How long

One week,

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

J. M. H. Saleman

Address

Easton

Maryland

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

